



Inhaler Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read information & procedures on reverse side

Part I Parent/Guardian to Complete

I hereby authorize YMCA Summer Camp personnel to permit the student identified below to use an inhaler in the program or camp as prescribed. I agree to release, indemnify, and hold harmless the YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student use an inhaler, provided YMCA Summer Camp staff members are following physicians orders in Part II.

Has the student taken this medication before? Yes (the first full dose must be given at home to ensure that the student doesn't have a negative reaction)

First dose was given: _____ (date) _____ (time)

Student Name (Last, First, Middle)

Date of Birth	School Name	School Year	Grade/Class
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No YMCA staff shall administer medication or treatment, unless the Program Director or his/her designee has personally reviewed all the required clearances

Parents or Guardian Signature _____ Daytime Phone # _____ Date _____

Part II Physician to Complete Information should be written in lay language with no abbreviations

Diagnosis	List Triggers
Medications	Dosage to be given at YMCA Summer Camp
Symptoms or activity for which medication is ordered	List Triggers:
Effective Date <input type="checkbox"/> From _____ to _____	Time interval for repeating dosage

If the student is taking more than one medication, list sequence in which medications are to be taken

Please list any adverse reactions or side effects:

Check appropriate box:

I believe this student has received adequate information on how and when to use the inhaler and that he or she can use it properly

The student is to carry an inhaler during YMCA Summer Camp with the Program Director's knowledge. An additional inhaler, to be used as backup, may be kept in an approved YMCA location.

The inhaler will be kept in an approved YMCA location (specify) _____

Physicians Name (Print/Type) _____ Physician Signature _____ Telephone # or Fax _____ Date _____

Parent/Guardian (Print/Type) _____ Parent/Guardian Signature _____ Telephone # _____ Date _____
*Parent/Guardian not required if Physician signs

Student Signature (required if child carries inhaler) _____ Date _____

Part III Program Director to Complete

Check box as appropriate

Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physicians stationary or a prescription pad.)

Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of camp.)

Program Coordinator/Director Signature _____ Date _____

***Form must be updated yearly. The YMCA Summer Camp calendar runs from 6/3/19-8/23/19.

PARENT INFORMATION ABOUT INHALER AUTHORIZATION

1. Nonessential medication will not be permitted in the YMCA Summer Camp. Any medication taken in YMCA Summer Camp must have the parent or guardian-signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician's statement in part II.
3. A physician may use stationary or a prescription pad in lieu of completing part II. Include the following information written in lay language with no abbreviations:
 - Name of student
 - Date of birth
 - Reason for medication or diagnosis
 - Name of medication
 - Exact dosage to be taken
 - Time to take medication and frequency or exact time interval dosage is to be administered
 - If medication is given on as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("Repeat as necessary" in unacceptable.)
 - Symptoms, other medications the student is taking
 - Statement that the student may self-administer
 - Physician's signature
 - Date
4. Physician samples must be appropriately labeled by the physician to include information requested in item 3 above.
5. The parent or guardian is responsible for submitting a new form to the YMCA Summer Camp at the time of registration or the start of the program and each time there is a change in the dosage or in the time at which medication is taken. The first dose of any new medication shall be given at home.
6. Inhaler must be hand delivered to the Program Coordinator or staff by the parent or guardian unless approved for the student to carry during YMCA Summer Camp program hours.
7. Medication kept at the YMCA will be stored in a locked area only accessible to authorized personnel unless approved for the student to carry during the program hours. If a student carries his or her own inhaler, a backup may be kept at the YMCA.
8. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.
9. In no case may any YMCA Summer Camp staff member administer any medication outside the framework of the procedures outlined here and/or in YMCA Summer Camp Program regulations.
10. **Form must be updated yearly. The St. Cloud Area Family YMCA Summer Camp calendar runs from 6/3/19-8/23/19.**